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**FAX TRANSMISSION**

DATE: May 29, 2007

PTO IDENTIFIER: Application Number 10/813,117-Conf. #3703  
Patent Number

Inventor: Erol Girt et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: DARBY &amp; DARBY P.C.

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Attorney Dkt. #: 21064/1206589-US1

PAGES (Including Cover Sheet): 16

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Certificate of Transmission (1 page)

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MAY 29 2007

PTO/SB/07 (00-04)  
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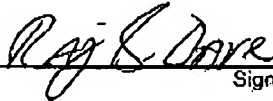
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Application No. (if known): 10/813,117

Attorney Docket No.: 21064/1206589-US1

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POSTCARD (1 page)Fee Transmittal (1 page)Request for Continued Examination Transmittal (1 page)Preliminary Amendment (11 pages)Certificate of Transmission (1 page)

**Atty Docket No.:** 21064/1206589-US1

**Inventor:** Erol Girt et al.

**Appln:** 10/813,117-Conf. **Filed:** Mar. 31, 2004

**Title:** INTERLAYER DESIGN FOR MAGNETIC MEDIA

**Documents:**

Fcc Transmittal (1 page)

Request for Continued Examination Transmittal (1 page)

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## FEE TRANSMITTAL

### For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	10/813,117-Conf. #3703
Filing Date	March 31, 2004
First Named Inventor	Erol Girt
Examiner Name	H. C. Rickman
Art Unit	1773
Attorney Docket No.	21064/1206589-US1

**TOTAL AMOUNT OF PAYMENT** (\$) 790.00

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
26	- 20 = 0	x 50.00 =	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 = 0	x 200.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
	0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 790.00

<b>SUBMITTED BY</b>			
Signature	<i>Raj S. Dave</i>	Registration No. (Attorney/Agent)	42,465
Name (Print/Type)	Raj S. Dave	Telephone	(212) 527-7700
		Date	May 29, 2007

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Dated: May 29, 2007

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(Raj S. Dave)